

6 FAM 1750 BUILDING MAINTENANCE AND REPAIRS

6 FAM 1751 ROUTINE BUILDING SERVICES

(TL:GS-1; 8-22-91)
(State Only)

Employees may report minor items such as failure of heating, air conditioning, or plumbing systems, and need for replacing light bulbs, repairing doors, windows, awnings, or venetian blinds. Reports are to be made by telephone to the Department of State Building Management Office at 647-6001. Requests for all other types of building maintenance services are to be made by executive and administrative officers in accordance with 6 FAM 1752 and 6 FAM 1753.

6 FAM 1752 MAJOR REPAIRS AND IMPROVEMENTS

(TL:GS-1; 8-22-91)
(State Only)

Requests for major building repairs and improvements, such as erection or removal of partitions, installations of or changes in electrical outlets or buzzers, or painting, are made by submitting Optional Form 263, Requisition for Equipment, Supplies, Furniture, Etc. (see 6 FAM 1752 Exhibit 1752), to the Real Property Division. The number 6 copy of this form is retained by the executive or administrative officer until the service is completed. The nature of the alteration or improvement and the necessity therefor must be stated in full detail on the Form OF-263.

6 FAM 1753 MINOR REPAIRS

(TL:GS-1087; 12-20-79)
(State Only)

a. Requests for minor repairs to furniture and mechanical equipment may be made by telephone to the number listed under "Repairs" on page x in the Department's telephone directory.

b. Bureaus will be billed for these services under the Working Capital Fund.

6 FAM 1754 THROUGH 1759 UNASSIGNED

6 FAM 1752 Exhibit 1752

Exhibit 1752

Optional Form 263, Requisition for Equipment, Supplies, Furniture, Etc.

UNITED STATES DEPARTMENT OF STATE												Page of Pages			
REQUISITION FOR EQUIPMENT, SUPPLIES, FURNITURE, ETC.															
TO: <input type="checkbox"/> OPRI/STP (Supply <input type="checkbox"/> Procurement <input type="checkbox"/>) <input type="checkbox"/> OTHER										Reqn. Date					
<input type="checkbox"/> LIBRARY <input type="checkbox"/> FMAS/GS <input type="checkbox"/> PUBLIC HEALTH SERVICE										Reqn. No.					
GSA FEDSTRIP IDENTIFICATION CODING (TO BE COMPLETED ON GSA/DLA REQUISITIONS ONLY)															
DOC IDEN- TIF- IER	C O N	ROUTING IDEN- TIF- IER	M S	DOCUMENT NUMBER		D E M A N D	S E R	SUPPLEMENTARY ADDRESS	S I M G L E	FUND (REQ. NO.)	OBLIGATION NUMBER	PRI- ORITY	REQ. DEL. DATE	ADVICE	
1-3		4-6	7	30-35	36-38	44		45-50	51	52-53	54-58	59-61	62-64	65-68	
REQUESTING OFFICE:						SHIPPING ADDRESS (If to be sent to CRP, please leave blank)									
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														<input type="checkbox"/> Domestic/CRP	
LINE ITEM	CATALOG/NSN		SUPPLIES OR SERVICES				U O I	NO. OF UNITS	UNIT PRICE	TOTAL					
40-43	8-20		DESCRIPTION				22-24	25-28							
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2															
3															
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TRANSPORTATION															
APPROPRIATION		ALLOTMENT		OBLIG.		ORG.		FUNC.		OBJ.		S-OBJ.		AMOUNT	
APPROVING								FUNDS AVAILABLE							
SIGNATURE _____ DATE _____								SIGNATURE _____ DATE _____							

